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CONFIRMATION NO. 9606

<b>SERIAL NUMBER</b> 09/970,149	<b>FILING OR 371(c) DATE</b> 10/02/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3691	<b>ATTORNEY DOCKET NO.</b> 025213-9070-04
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**APPLICANTS**  
 Kathy Ann Herziger, Sheboygan Falls, WI;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/237,306 10/02/2000 and claims benefit of 60/237,907 10/04/2000  
 ok, M.L., 4/28/07

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 NONE, M.L., 4/28/07

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 12/04/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>Maryssa Lin</u> Initials <u>M.L.</u>	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 104	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**  
23409

**TITLE**  
Method and apparatus for managing automated banking machines

<b>FILING FEE RECEIVED</b> 2634	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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